

**TRIBAL MANAGEMENT GRANT PROGRAM**  
**Workshop Attendance Request Form**

I would like to attend the following workshop session:

March 26-27, 2002 - Salt Lake City, Utah

April 9-10, 2002 - Tulsa, Oklahoma

April 23-24, 2002 - Fargo, North Dakota

Tribe/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Email (Primary Contact): \_\_\_\_\_

Name of Participant(s)	Title:
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Will you need sleeping rooms?*	Yes	No
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Return to: Indian Health Service  
ATTN: Deanna Dick  
Office of Management Support  
Phone: (301) 443-6290/Fax (301) 443-2510

\*Attendees should make their own reservations. The Office of Management Support keeps a rooming list for internal information only.